DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney D cket N: 2630.001 Invent r Name: Michael E. Sproul					
	COMPLETE IF KNOWN					
☑ Declaration submitted with initial filing	Application No:					
☐ Declaration submitted after Initial Filing (with surcharge) (37 CFR 1.15 (e))	Filing Date: Filed herewith Group Art Unit: Examiner Name:					
As a below named inventor, I hereby declare that:						
My residence, post office addr., and citizenship are as stated	below next to my name.					
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:						
SURGICAL TOOL WITH AN ELECTROACT	IVE POLYMER FOR USE IN A BODY					
the specification which X is attached hereto OR was filed on As United States Application No. or amended on (if applicable).	r PCT Intl. Appln. No and was					
I hereby state that I have reviewed and understand the conter claims, as amended by any amendment specifically referred t						
I acknowledge the duty to disclose information which is mater	ial to patentability as defined in 37 CFR 1.56.					
I hereby claim foreign priority benefits under 35 U.S.C. 119(a) certificate, or 365(a) of any PCT international application which States of America, listed below and have also identified below patent or inventor's certificate, or any PCT international application which priority is claimed.	th designated at least one country other than the United by by checking the box, any foreign application for					
PRIOR FOREIGN COUNTRY: FOREIGN FILIN NUMBERS: DATE:	G PRIORITY CERTIFIED COPY NOT CLAIMED: Yes No					
Additional foreign appln. nos. are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.						
I hereby claim the benefit under 35 U.S.C. 119(e) of any Unite	ed States provisional application(s) listed below:					
APPLICATION NUMBER(s): FILING	DATE:					
Addnl. provisional appln. Nos. are listed on a Supplementary priority data Sheet PTO/SB/02B attached.						

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DECLARATION - UTILITY or DESIGN PATENT APPLICATION

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. PARENT APPLIC or PCT NUMBER:	CATION PARENT (if applica		PARENT PATENT NO:					
Additional U.S. or PCT international appln.nos. are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.								
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:								
☐ Customer No: 21917 PLACE CUSTOMER NO. BAR CODE LABEL HERE OR								
Registered practitioner(s) name/registration number(s) listed below.								
NAME:	REGISTRATION NO:	NAME:	REGISTRATION NO:					
Michael A. Slavin Ferris H. Lander	34,016 43,377	Katherine Davis C. Fred Rosenbaum A. Keith Campbell	51,590 27,110 ;;-52,686					
DIRECT ALL CORRESPONDENCE TO:								
McHale & Slavin, P.A. 286€ PGA Blvd., © me কাজ Palm Beach Gardens, FL 33410 TELEPHONE: (561) 625-6575								

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 17 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FAX: (561) 625-6572

NAME OF SOLE OR FIRST INVENTOR:	☐ A Petition has been filed for this unsigned inventor.			
Given Name (first and middle [if any]) Michael E.		Sproul	Family Name or Surnam	ne
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